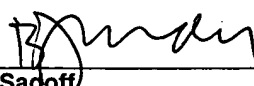


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| FORM PTO-1390 MODIFIED | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | J003 Rec'd PCT/PTO 21 SEP 2004 ATTORNEY'S DOCKET NUMBER 620-390 |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 10/550145 unknown |
| INTERNATIONAL APPLICATION NO. PCT/GB2004/001225 | INTERNATIONAL FILING DATE 19 March 2004 | PRIORITY DATE CLAIMED 21 March 2003 |
| TITLE OF INVENTION 5HT2C RECEPTOR ANTAGONISTS IN THE TREATMENT OF SCHIZOPHRENIA | | |
| APPLICANT(S) FOR DO/EO/US Anne T. BRUINVELS | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The U.S. has been elected (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2). <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (84 pages specification, claims & abstract (20 claims), sheets drawings). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(3) <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto (pages specification, claims & abstract (claims), sheets drawings, page Certificate of Translation). b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3). 9. a. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4). <ol style="list-style-type: none"> b. <input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5). <p>Items 11 To 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included. 13. a. <input checked="" type="checkbox"/> A FIRST preliminary amendment. b. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. § 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information. International Preliminary Examination Report w/amended claims, Form PCT/IB/306 (2 pages) | | |

JC05 Rec'd PCT/PTO 21 SEP 2005

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| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) unknown | | INTERNATIONAL APPLICATION NO. PCT/GB2004/001225 | | ATTORNEY'S DOCKET NUMBER 620-390 | |
| <input checked="" type="checkbox"/> The following fees are submitted: | | | | | |
| BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5): | | | | | |
| 21. <input checked="" type="checkbox"/> | Basic national fee | | | \$300.00 (1631)/\$150.00 (2631) | \$ 300.00 |
| 22. <input checked="" type="checkbox"/> | Examination Fee | | | \$0 (1643/2643) | |
| | | | | \$200.00 (1633)/\$100.00 (2633) | \$ 200.00 |
| 23. <input checked="" type="checkbox"/> | Search Fee | | | \$0 (1640/2640) | |
| | | | | \$100 (1641)/\$50 (2641) | |
| | | | | \$400 (1642)/\$200 (2642) | |
| | | | | \$500.00 (1632)/\$250.00 (2632) | \$ 400.00 |
| TOTAL OF ABOVE CALCULATIONS | | | | | \$ 900.00 |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | | RATE | |
| 84 -100 | 0 | /50 = 0.00 | | \$250.00 (1681) | |
| | | | | \$125.00 (2681) | |
| Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)). | | | | | |
| | | | | | \$ |
| CLAIMS | | NUMBER FILED | # EXTRA | RATE | |
| Total Claims | 32 | minus 20 = | 12 X | \$50.00 (1615)/ | \$25.00 (2615) |
| Independent Claims | 3 | minus 3 = | 0 X | \$200.00 (1614) | \$100.00 (2614) |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable) | | | | \$360.00 (1616)/\$180.00 (2616) | |
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254) | | | | | \$ 0.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)). | | | | | |
| | | | | | 0.00 |
| TOTAL NATIONAL FEE = | | | | | \$ 1500.00 |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property | | | | | |
| | | | | | \$ 40.00 |
| Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453) | | | | | |
| | | | | | \$ 0.00 |
| TOTAL FEES ENCLOSED = | | | | | \$ 1540.00 |
| | | | | | Amount to be refunded: \$ |
| | | | | | Amount to be Charged: \$ |
| a. <input type="checkbox"/> A check in the amount of \$1540.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees. A duplicate copy of this form is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed. d. <input checked="" type="checkbox"/> CREDIT CARD PAYMENT FORM ATTACHED. e. <input checked="" type="checkbox"/> The entire content of International Application No. PCT/GB2004/001225 and any U.S. and foreign application(s) corresponding thereto, and GB 0306604.0, referred to in this application is/are hereby incorporated by reference in this application. NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status. CORRESPONDENCE ADDRESS Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 23117 Type Customer Number here | | | | | |
| Telephone: (703) 816-4000 BJS:alb | | | | | |
|  B. J. Sadoff NAME | | | | | |
| 36,663 REGISTRATION NUMBER | | | | | |
| September 21, 2005 Date | | | | | |